

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012943

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS.300  
Rev. 4/59

1 0940

2 0940

3

4 0

5 1

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9442X

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11

1290-0

131-0

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

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## 1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

Leadwood

Length of stay in lb.

60yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Francois

c. CITY

Leadwood

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

212 E 9

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Albert

Middle

G.

Last

Shumake

4. DATE OF DEATH

Month

Day

Year

March 7, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-2-1887

## 9. AGE (last birthday)

75

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Driller

## 10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph Lead Co.

## 11. BIRTHPLACE (City and state or country)

French Village, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William G. Shumake

## 13b. MOTHER'S MAIDEN NAME

Sarah Wells

## 14. NAME OF HUSBAND OR WIFE

Harriett Shumake

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Harriett Shumake, Leadwood, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic cardiovascular renal disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from Feb 23 1963 to Mar 7 1963 and last saw her alive on March 7 1963

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John W. Hunt Jr. M.D.

## 22b. ADDRESS

Leadwood Mo.

## 22c. DATE SIGNED

3-8-63

## 23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

March 10, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Old Bonne Terre Cemetery

## 23d. LOCATION (City, town, or county)

Bonne Terre, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Bert L. Boyer, Leadwood, Mo.

## 25. DATE RECD. BY LOCAL REG.

Mar. 8, 1963

## 26. REGISTRAR'S SIGNATURE

Esther Reddy

(Licensed Embalmer's Statement on Reverse Side)

04-10-00-

14-

APPC  
APPC

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert L. Boyer*

Licensed Embalmer No. 3441

P. O. Address *Leadwood mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.